

Name



MAJNE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Office:

Website: www.maine.gov/ethics Phone: 207-287-4179

Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Tyler Clark			☐ House ☐ Senate
Mailing address P.O. Box みいろ	TANNABAR (AVE-P) INV PAGA (AVERACI EL-PI-	Ell de mille de l'immergle de l'action de	District G
City, zip code Easton, 04940	A CHEMICAL CAUSTIVILIA ESCANARACIONALISA		Phone 207-227-6971
		ED FROM EMPLOYMENT BY ANO	
List the name and address of each employer fro economic activity of each employer.	om whom yo	ou received compensation of \$1,000 or	more. Specify the principal type of
Name of Employer		Address	Principal Type of Economic Activity of Employer
Wal-Mart	78/	Main St Presque isle	Retail
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	A Committee of the comm		· ·
	non de la companya d de la companya de la companya		
	60 985 0 99 884 CH PREED 96-8	RIVED FROM SELF-EMPLOYMEN ors who are self-employed.)	
 A. List the name and address of your business, associated with a partnership, firm, professional entity. 			
Name and Address of Business Entity		Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name:			· ·
Address:	Sife communication of the communication of the state of the communication of the communicatio		
Name:			
Address:			
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- Wickenson open and the control of			
	PART 2 (continued). INCOME DERI (For Legislators who a		MENT
greater, and specify the disclosure is prohibited b	icome derived from self-employment that repre principal type of economic activity of the enti- y law, rule, or an established code of profession om the income was derived.	sents more than 10% of your of ty or person from whom you of	derived such income. If this form of
	Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:			
Address:	h Middle de Mittel dan bester de la constant de mental d	Penderintilane hartum researque adordo chabite de arrodres researan esto o monego seso, espeja, espeja posegua	
Name:			
Address:			
	PART 3. MAJOR ARE (For Legislators who are a	ittorneys-at-law only.)	
List your major areas of p	practice. If associated with a law firm, list the m	ĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ	 A NOVE A CONTRACTOR DE LA RECONSTRUCTION DE LA RECONSTRUCTI
alari walikani wa wa masa ka	Name and Address of Firm	Major Areas of Pra (self)	nctice Major Areas of Practice (firm)
Name:			
Address:	CRISION SIGNAL AND		
Name:			9
Address:			
	PART 4. OTHER SOU	RGES DE NEOME	
List each source of incom	e of \$1,000 or more <u>not listed</u> in Parts 1, 2, or		ifts. If none, check the box.
None	$10^{-6/36} in solidar solida$	11250-11-11-11-11-11-11-11-11-11-11-11-11-11	$V_{ij}(t) = \int_{\mathbb{R}^{N}} dt dt dt dt dt dt dt dt$
	Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:			
Address:			
Name:			VANCIBEROSTINIONOS (INVESTIGARA VANCIBERO ACTOR ACT
Address:			
	PART 5. REPORTAL		
areas of economic activity	rs for any <u>unsecured</u> loans of \$3,000 or more of each creditor. Do not list credit card liability	e that you received during the yor loans from a relative. If no	reporting period, and list the major ne, check the box.
☐ None			
	Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:			
Address:			·
Name:	,	онитургания по то тору му 114 го вы 18 гд о 10 гд. ж. Комо бол на байо Алек бана это на положений отности по с	аноревозмаскато не предприя от в поставляваться на предприя по предприя по предприя по предприя на предпри

Address:

PART (6. REPORTABLE GIFTS		
List the specific source of each gift of more than \$300. In none, check the box.	clude gifts with an aggregate v	alue of more	than \$300 from a single source. If
☐ None		the three the second of Second three territories and the Second territories and the second territories and the	a and the season with the transfer of the season with the season of the season with the season with the season of
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	REPORTABLE HONORARI		
List the source of any honoraria accepted for appearances	or speeches related to your leg	islative respo	nsibilities. If none, check the box.
None Name of Source of Honoraria		Name of Sou	rce of Honoraria
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2.	4.		
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List each executive branch agency before which you repre box.	sented or assisted others for o	ompensation	of any amount. If none, check the
None			
Name of Agency		Name	of Agency
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2.	4	LIN ARVIEWALE AMERITA ESTENA EMBASTA ESTENA	мональную компьюму жинто-техно мональму женто то т
PART 9. BUSI	NESS WITH STATE AGEN	CIES	
List each executive branch agency to which you or a mem \$1,000 during the reporting period. If none, check the box.	ber of your immediate family	sold goods or	services with a value in excess of
None	etri Aller Mitter i zeur Metrik etter (Mederri Mederri perengapen diggeren, angar myalgan aliki zengi da Megel Terri	PPT、45人12種EPPS 24-4PDV-VT-N,2 EPPS-V-V-PSPON, 43-4V-NSPON, 43-4V-NSP	Martin Millian (scholar) in Anton (scholar) an Borton (scholar) (scholar) in Anton (schol
Name of Agency	i ve fillský kterki vilokteré setten er forðum er úksan junigij eg neg liggiskur á reinge fillskur frenhökti, nattigjöld A verki setten í setten í setten er í setten setten er setten er setten er setten er setten er setten er sette	Name	vaktiininkaan kävintellineillääjä einän jotainin oniinin jotaan kijäinneilinen vainen kirinkeilijaksin kirinki of Agency Kanana vanna vanna kainin jotaan kanana kirinkin kanana millen kanana kanana kanana kanana kanana kanana kanan
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PART 10. INCOME RECEIN			
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kir or more of income, their name and job title are listed. Do no	nd of income represented. If y	received by to our spouse o	your spouse or domestic partner or domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship	Kind of Income
Name:	1.	Spouse or	per a conservamente e con con conserva con mar y manera com suo conservamente accesso que que que que de la co En la conservamente con con conserva con mar y manera con conservamente accesso que que que que que que que que
Job Title:	2.	Domestic Partner	2.
	3.		3.
		Dependent Child	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.		Dependent Child	
activity and the Nino of ficonie.		Dependent Child	

☐ None						
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	false statement is a Cla				-	•
fully filed a false state	ment, it shall refer its fir	ndings of fact t	o the Attorney	General. (1 M.R.	.S.A. § 1019)	Legislator na
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PART 11. OFFICER OR DIRECTOR POSITIONS